

Pre-Survey Questionnaire

Health Care Facility

Name:

Address:

Telephone number:

Fax number:

E-mail address:

Administrator

Name:

Telephone number:

Fax number:

E-mail address:

Director of Nursing

Name:

Telephone number:

Fax number:

E-mail address:

General Facility Information

Number of licensed hospital beds: _____

Number of beds in the emergency department: _____

Number of critical care beds: _____

Community Information

City population: _____

County population: _____

Service Area: _____

Chief of Medical Staff

Name:

Telephone:

Fax number:

E-mail address:

Medical Staff

Number of active licensed physicians on staff: _____

Number of surgeons: _____

Number of mid-level providers: _____

Number that have had ATLS / trauma-specific education: _____

Pre-hospital System

How are EMS personnel dispatched to the scene of an injury?

What modes of prehospital transportation are available in your area?

What level of prehospital service is provided in your community?

How and by whom is EMS dispatched?

Are there written prehospital trauma team activation criteria?

Have EMS received specific trauma training?	YES	NO
If yes, describe:		

Are there quality improvement activities with the health care facility?	YES	NO
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Identify the number and level of other health care institutions capable of providing trauma care within a 50-mile radius of your health care institution.	_____
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Trauma Service/Program

Is there an identifiable trauma service/program?	YES	NO
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Is there an identified Trauma Director?	YES	NO
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Trauma Director's Name:

Telephone number:	Fax number:	E-mail address:
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Is there an identified Trauma Coordinator?	YES	NO
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Trauma Coordinator's Name:

Telephone number:	Fax number:	E-mail address:
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Is there a multi-disciplinary trauma committee?	YES	NO
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Is there multi-disciplinary trauma quality improvement?	YES	NO
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Are there multi-disciplinary trauma conferences?	YES	NO
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Trauma Team

Are there written trauma team activation criteria?	YES	NO
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Can EMS activate the trauma team from the field?	YES	NO
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Are there written trauma team roles and responsibilities?	YES	NO
Are there physician response time requirements?	YES	NO
Is there an emergency department trauma flow-sheet?	YES	NO
Have trauma team members been provided trauma-specific Training (TNCC, ATS)?	YES	NO

Specialty Coverage

Do you provide trauma /general surgery?	YES	NO
Do you provide orthopedic surgery?	YES	NO
Do you have anesthesia services?	YES	NO

Emergency Department

Emergency Department Medical Director's Name:

Telephone number:

Fax number:

E-mail address:

How is the department staffed by nursing and ancillary personnel (number and type of personnel, on-call)?

How is medical staff coverage provided?

Is there a patient log?	YES	NO
Does the log identify the trauma patients?	YES	NO
Are the prehospital providers utilized in the ED during a Trauma resuscitation?	YES	NO
Are there written trauma patient care guidelines?	YES	NO
Is the appropriate trauma resuscitation equipment available?		
-Equipment to manage airway, cervical spine, breathing, and circulation emergencies:	YES	NO
-Thermal control equipment:	YES	NO
Is there trauma-specific education provided for the staff?	YES	NO
Are there quality improvement activities regarding trauma?	YES	NO

Radiology

How is the department staffed (number and type of personnel, on-call)?

Is portable x-ray available in the ED resuscitation area?	YES	NO
Is there computerized tomography available?	YES	NO

Is there MRI available?	YES	NO
Is there tele-radiology available?	YES	NO
Who accompanies the trauma patient to the radiology department?		
Is there a radiologist on-call?	YES	NO

Laboratory

How is the department staffed (number and type of personnel, on-call)?

Is there standard analysis of blood, urine, and other body fluid available?	YES	NO
Is there the ability to analyze blood gases?	YES	NO
Are there blood products available? If yes, what is available?	YES	NO
Is non-crossmatched blood available for the trauma patient upon admission in the emergency department?	YES	NO
Is there a massive transfusion protocol?	YES	NO

Operating Room (if applicable)

How is the department staffed (number and type of personnel, on-call)?

How is anesthesiology services provided for the facility?

Is there thermal control equipment?	YES	NO
Is trauma related education provided for the staff? If yes, describe:	YES	NO
Is there quality improvement activities related to trauma?	YES	NO

Post Anesthesia Recovery Room (if applicable)

How is the department staffed (number and type of personnel, on-call)?

Where is the critical trauma patient recovered?

Critical Care Unit (if applicable)

How is the department staffed (number and type of personnel, on-call)?

Are there written trauma patient care guidelines?	YES	NO
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Is the appropriate trauma resuscitation equipment available?		
-Equipment to manage airway, cervical spine, breathing, and circulation emergencies	YES	NO

-Thermal control equipment	YES	NO
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Is there trauma-specific education provided for the staff?	YES	NO
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If yes, describe:

Rehabilitation (if applicable)

Are there licensed physical therapists available?	YES	NO
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Are there licensed occupational therapists available?	YES	NO
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Trauma Inter-facility Transfers

Name of facilities routinely involved in inter-facility transfer:

Are there written transfer agreements?	YES	NO
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Are there written trauma patient transfer guidelines?	YES	NO
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Primary mode of transportation used for inter-facility transfers?

Name of aero-medical service(s) your facility primarily uses:

Prevention

Does your facility participate in/provide injury prevention activities?	YES	NO
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If yes, describe:

Pediatrics

Are there pediatric specific education courses provided for:

-Prehospital personnel	YES	NO
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-Nursing staff	YES	NO
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-Medical staff	YES	NO
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Is there appropriate pediatric resuscitation equipment available in the emergency department?	YES	NO
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